

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

*10-593,981*

FILING DATE

APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1		1	
2		1				
3	1		1		1	
4						
5		3		1		1
6		3		1		1
7		⑥		1		1
8		⑥		1		1
9		⑥		1		1
10		⑦		1		1
11		⑦		1		1
12		⑦		1		1
13		⑦		1		1
14		⑦		1		1
15		⑦		1		1
16		⑦		1		1
17		⑦		1		1
18		⑦		1		1
19	1		1		1	
20	1		1		1	
21	1		1		1	
22	1		1		1	
23	1		1		1	
24	1		1		1	
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TOTAL IND.	8	↓	8	↓	10	↓
TOTAL DEP.	19	←	14	←	14	←
TOTAL CLAIMS	27		22		24	

	AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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99						
100						
TOTAL IND.		↓		↓		↓
TOTAL DEP.		←		←		←
TOTAL CLAIMS						